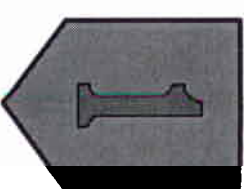




ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP



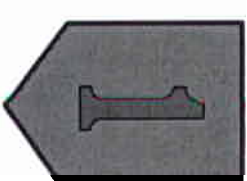
Intra Theater Transfer-Consecutive Overseas Tour (ITT/COT)

Eligibility Criteria:

- Must be properly utilized in authorized MTOE / TDA position
- Request should be submitted NLT 12 months prior to DEROS (May submit a exception to policy)
- Must not be in receipt of assignment instructions (May submit an exception to policy)
- Soldier must reenlist or extend to meet the service remaining requirements (25 or 37 months)
- Must not be flagged
- Soldiers with approved requests for ITT/COT are authorized free round trip travel for themselves and their authorized command sponsored dependents to their home of record



ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP



Intra Theater Transfer-Consecutive Overseas Tour (ITT/COT) Cont.

Documentation Required:

- DA Form 4187
- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Memorandum of recommendation by CSM or first O5/O6 in Chain of Command (if soldier will serve more than 6 years in USAREUR - e.g. Career Progression)
- Enlisted Records Brief (ERB), not more than 60 days old
- DA Form 7246 (EFMP Screening completed and signed by a doctor)
- DA Form 5888 (Family Member Deployment Screening completed and signed by doctor)
- Letter of Acceptance (gaining command when a specific unit is requested)
- Letters from Finance, Housing, and Transportation offices

Approval Authority:

1st PERSCOM/HQDA if on Assignment Instructions (AI)

Disapproval Authority:

Delegated to G-1, Enlisted Personnel Management, 1ID by MACOM Commander

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander Battalion Address	2. TO (Include ZIP Code) Commander 1st Infantry Division ATTN: AETV-BGA-EPM APO AE 09036	3. FROM (Include ZIP Code) Commander Unit Address
--	--	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) ANY, SOLDIER	5. GRADE OR RANK/PMOS/AOC E-5/75H	6. SOCIAL SECURITY NUMBER 000-11-2222
---	--------------------------------------	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> RDTIC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request ITT/COT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 614-30, para 4-1, requests an Intra Theater Transfer Consecutive Overseas Tour.

CURRENT DEROS: REQUESTED DEROS: ETS DATE: ARRIVAL DATE TO USAREUR:**REQUESTED UNIT/LOCATION: HOR: REASON:**

2. I understand that I must attain the obligated service to complete the entire second tour. I further understand that I may not cancel my request once I have begun serving the new tour and have received benefits/entitlements associated with the program.

3. I am/am not currently on assignment to _____, with a report date of _____.

4. I understand that I am entitled to free round-trip transoceanic travel for myself and my authorized dependents to my home of record IAW AR 614-30 & AR 600-8-10.

5 Encl(s)

1-2 Memo of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R & CSM or first O5/O6 in Chain of Command

3. Enlisted Records Brief (ERB), not more than 60 days old

4-5. DA Form 7246 & DA 5888

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED
 ☐ RECOMMEND APPROVAL
 ☐ RECOMMEND DISAPPROVAL
 ☐ IS APPROVED
 ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Commander's Full Name, Rank, Commanding